

PacifiCare Comparison

High Option vs Low Option

Plan Year 2007

Benefit Description	Pacificare Secure Horizons High Option	Pacificare Secure Horizons Low Option
Lifetime Maximum	Unlimited	Unlimited
Out of Pocket Maximum	None	\$2400 (Rx co-pays are excluded)
PCP Copay	\$10	\$10
Specialist Copay	\$10	\$20
Inpatient Hospital	100%	\$500 copay per admit 100% - 0-20 days
Inpatient Skilled Nursing Facility	100%	\$75 per day - 21-100 days
Outpatient Surgery and Observation	100%	\$125 copay per admit
Outpatient Hospital Services	100%	\$25
Outpatient Therapies - PT,OT,ST	\$10	\$25
Outpatient Rehabilitation Facility	\$10	\$25
Inpatient Mental Health/Substance Abuse	100%	\$500 copay per admit
Partial Hospitalization - MH/SA	100%	\$60 copay per day
Outpatient Mental Health Group Visits	\$10	\$10
Outpatient Mental Health Individual Visits	\$10	\$20
DME	100%	20%
Transplants	100%	\$1,500
Renal Dialysis	100%	20%
Podiatry	\$10	\$20
ER Copay (waived if admitted)	\$50	\$50
Ambulance	100%	\$100
Urgent Care Copay	\$20	\$35
Lab	100%	\$10
Standard X-ray	100%	\$10
Complex X-ray(MRI, CT Scans, etc)	100%	100%
Medicare Required (Part B) Drugs	covered under rx copay	20%
Prescription Drugs	\$7/\$20	\$20/\$40
Eye Exam	\$10 routine & medical exam	\$20 routine and medical exam
Eyewear Hardware (One pair of glasses or one set contact lenses)	\$50 allowance	\$50 allowance
Hearing Exam	\$10 routine and medical exam	\$20 routine and medical exam
Hearing Aids	\$1000 allowance	\$1000 allowance
SilverSneakers	Yes	Yes
Caregivers	Yes	Yes

"**Bold**" items are differences in design as compared to "Current" (Pacificare Secure Horizons High Option)